

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☒ This is an **initial*** Statement of Organization
- ☐ This is an **amended*** Statement of Organization

OCT 15 2003



FORM
DR-1
(Rev.
07/2003)

STATEMENT
OF
ORGANIZATION

For Office Use Only

Comm. # _____
Indexed _____
Audited _____
Computer _____

*An initial Statement of Organization must be filed within 10 days of the committee's accepting contributions, making expenditures, or incurring indebtedness exceeding \$750. Amendments must be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

COMMITTEE NAME

Charlie Thomas for Council Committee

IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee

COMMITTEE TREASURER (mandatory for all committees)

COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name: Teri Reed
Mailing Address: P.O. Box 1216
City, State: Mason City IA Zip Code: 50402-1216
Phone: (641) 424 2281
e-Mail: terireed@niccu.com

Name: _____
Mailing Address: _____
City, State: _____ Zip Code: _____
Phone: () _____
e-Mail: _____

INDICATE PURPOSE OF COMMITTEE - Check One Box ☒ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)
Comment or description:

All Candidates Enter: City Council District: _____
Office Sought: _____
Political Party (if applicable): _____
County/Local Candidates and Local Ballot/Franchise Committees Enter: _____
County: Cerro Gordo Year Standing for Election: 2003
Date of Election: 11-4-2003

Bank Account Name: North Iowa Community Credit Union
Name of Financial Institution/type of Account: _____
Mailing Address: P.O. Box 1216
City: Mason City State: IA Zip: 50402-1216

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor: Pat R. Abrahamson AKA Charlie Thomas
Mailing Address: 290 Lakeview Drive
City: Mason City State: IA Zip: 50401
Phone: (641) 421 1565
e-Mail: _____

STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:

- The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.
- That Iowa Code section 68A.6 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
- That Iowa Code section 68A.14 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule.
- That Iowa Code section 68A.15 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
- A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.40 through 68A.42 and rule 351—4.25.
- That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.

Teri Reed
Signature of Treasurer
Pat R. Abrahamson
Signature of Candidate, OR, for all other committees, Chairperson

10/15/2003
Date Signed
10/15/2003
Date Signed

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OCT 23 2003

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| FORM DR-1 (Rev. 07/2003) | STATEMENT OF ORGANIZATION |
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COMMITTEE NAME ↓ ↓

Charlie Thomas - Abrahamson for Council Committee

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(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee

COMMITTEE TREASURER (mandatory for all committees)

COMMITTEE CHAIR (mandatory except for a candidate's committee)

Name ↓ ↓
Teri Reed
 Mailing Address ↓ ↓
P.O. Box 1216
 City, State ↓ ↓ Zip Code ↓ ↓
Mason City IA 50402-1216
 Phone (641) 424-2281
 e-Mail teri.reed@niccu.com

Name ↓ ↓
 Mailing Address ↓ ↓
 City, State ↓ ↓ Zip Code ↓ ↓
 Phone () _____
 e-Mail _____

INDICATE PURPOSE OF COMMITTEE - Check One Box ☒ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)
 Comment or description:

All Candidates Enter: City Council

District: _____

Political Party (if applicable) _____
 County/Local Candidates and Local Ballot/Franchise Committees Enter:
 County: Cerro Bordo

Year Standing for Election: 2003

Date of Election: 11-4-2003

Bank Account Name ↓ ↓
North Iowa Community Credit Union
 Name of Financial Institution/type of Account ↓ ↓
(Savings)
 Mailing Address ↓ ↓
P.O. Box 1216
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓
Mason City IA 50402-1216

Candidate name & Address or Parent Entity (PACs, if applicable),
 Affiliate, or Sponsor
Pat R Abrahamson AKA Charlie Thomas
 Mailing Address ↓ ↓
290 Lakeview Drive
 City ↓ ↓ State ↓ ↓ Zip ↓ ↓
Mason City IA 50401
 Phone (641) 421-1565
 e-Mail charlie.thomas@clearchannel.com

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Signature of Treasurer

Signature of Candidate, OR, for all other committees, Chairperson

Date Signed

Date Signed

